

**South Carolina Department of Social Services  
Office of Child Day Care Licensing and Regulatory Services**

**HEALTH ASSESSMENT FORM**

\_\_\_\_\_ has no significant problems that would interfere with his/her  
Name of Employee  
ability to care for children. He/She demonstrates the ability to move quickly, to assist  
and/or supervise young children, to lift children, equipment and supplies, to hear and see  
at a distance for outdoor supervision or driving. His/Her exam/test does not indicate a  
physical, mental or emotional condition which would be detrimental to the children or  
staff or which would prevent satisfactory performance of duties.

\_\_\_\_\_  
Signature of Physician or Health Resource

\_\_\_\_\_  
Date

Print or Type Physician or Health Resource Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_